

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 254900	RECEIPT DATE:	03 / 12 / 99
IA NUMBER:	PCT/ IL97 / 00236	IA FILING DATE:	07 / 09 / 97
FAMILY NAME:	BEN-HAIM	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	SHLOMO	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 16 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	20066-13	COUNTRY:	ILX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
<i>William H. Dipper</i>		FAX	
NAME:	COWAN LIEBOWITZ & LATMAN		
STREET: 1133 AVENUE OF THE AMERICAS			
CITY: NEW YORK			
STATE/COUNTRY: NY		ZIP: 100366799	
EMAIL:			
APPLICATION TITLES:			
CARDIAC OUTPUT ENHANCED PACEMAKER			

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 7724

SERIAL NUMBER 09/254,900	FILING DATE 03/12/1999 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 20066-13
APPLICANTS SHLOMO BEN-HAIM, HAIFA, ISRAEL; NISSIM DARVISH, HAIFA, ISRAEL; YUVAL MIKA, HAIFA, ISRAEL; MAIER FENSTER, PETACH TIKVA, ISRAEL;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/IL97/00236 07/09/1997 AND CLAIMS BENEFIT OF 60/026,392 09/16/1996				
** FOREIGN APPLICATIONS ***** ISRAEL 119261 09/17/1996				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 52	TOTAL CLAIMS 53
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS LENA CHEUNG COWAN LIEBOWITZ & LATMAN 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036-6799				
TITLE CARDIAC OUTPUT ENHANCED PACEMAKER				
FILING FEE RECEIVED 1228	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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		INDEPENDENT CLAIMS 2		
ADDRESS #76 LENA CHEUNG COWAN LIEBOWITZ & LATMAN 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036-6799 <i>William H. Dippert Reed Smith LLP 599 Lexington Avenue 29th floor New York, N.Y. 10022</i>				
TITLE CARDIAC OUTPUT ENHANCED PACEMAKER				
FILING FEE RECEIVED 1228	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	